

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO.

HZ542610

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION		
NAME (LAST - FIRST - M.I.) [REDACTED]		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR		
STAR NO. [REDACTED]	POSITION PO AS DETECTIVE	ADDRESS OF OCCURRENCE 8405 S RACINE AVE		
DATE OF APPOINTMENT 18-MAR-1996	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)	
UNIT OF ASSIGNMENT 610	BEAT/CALL NO. [REDACTED]	LOCATION CODE 092-ALLEY	BEAT OF OCCURRENCE 0613	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 06-DEC-2016	TIME 19:31:00
HEIGHT 511	WEIGHT 195	DAY OF WEEK TUESDAY		
NO. OF OFFICERS BATTERED <u>1</u>				
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO				
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>4</u>				
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED				
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____		
<input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____		PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER				
MANNER OF ATTACK				
<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)				
TYPE OF WEAPON/THREAT				
(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER <u>9 MM</u> <input type="checkbox"/> B. VEHICLE 1. REVOLVER <input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____				
TYPE OF ACTIVITY				
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input checked="" type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) <u>CHARGE 720 ILCS 5.0/12-2-B-4-AGG ASSAULT/PEACE OFFICER/WEAPON</u> <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify ORIGINAL CHARGE _____) ORIGINAL IUCR CODE _____				
IUCR CODE <u>ASSAULT - AGGRAVATED PO: HANDGUN</u> <input type="checkbox"/> K. OTHER				
FIREARM USE INFORMATION (Check all that apply):				
<input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON				
OFFENDER INFORMATION				
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB 20-JUN-1996		
CB NO. 19407637	IR NO.			
TYPE OF INJURY TO OFFICER				
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE				
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN				
NO. OF OFFENDERS PRESENT? <u>1</u>				
LIGHTING CONDITIONS AT INCIDENT				
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT 1. POOR 2. GOOD				
WEATHER CONDITIONS				
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND				
APPROXIMATE OUTDOOR TEMPERATURE: <u>32 °F</u>				

REPORTING MEMBER - SIGNATURE [REDACTED]	STAR NO. [REDACTED]	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO. WILLIAMS, TERENCE V 59 [REDACTED]
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